

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<010>	Study Area Code	330925
<015>	Study Area Name	BAYLAND TEL CO
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Jim Paulos
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jim.paulos@nsight.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>				
<100>	Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; padding: 2px;">330925W510Bayland.pdf</div> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; padding: 2px;">330925W610Bayland.pdf</div> <i>(attached descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	<input type="radio"/> <input checked="" type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; padding: 2px;">330925W1010Bayland.pdf</div> <i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>		<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>		<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>		<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>		<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330925
<015>	Study Area Name	BAYLAND TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsightl.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

330925m1100Bayland.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330925
<015>	Study Area Name	BAVLIAND TEL. CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email address of person identified in data line <030>	jim.paulos@nsa.gov

[illegible]

(700) Price Offerings including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330925
<015>	Study Area Name	BAYLAND TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	920.617.7085 ext. 1
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jim.Paulos@nashl.com
<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

330925

RAYLAND TEL. CO

2015

Jim Paulos

9206177085 ext.

jim.paulos@insight.com

&lt;td&gt;

[illegible]

<010>	Study Area Code	330925
<015>	Study Area Name	HAYLAND TEL. CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulson
<035>	Contact Telephone Number - Number of person identified in data line <030>	9205177085 ext. 4
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulson@tcl.com
<810>	Reporting Carrier	Bayland Telephone, LLC
<811>	Holding Company	Northeast Communications of Wisconsin, Inc.
<812>	Operating Company	

Page 6

(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330925
<015>	Study Area Name	BAYLAND TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulson
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext. *
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulson@nflght.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	
If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

Select  
(Yes, No,  
NA)

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 431  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330925
<015>	Study Area Name	BAYLAND T31, CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Enloe
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.enloe@aphis.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

☐

**(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330925
<015>	Study Area Name	BAYLAND TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Poules
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.poules@nlight.com

330925WT1210 Bayland.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Retain Carriers affiliated with Price Cap Local Exchange Carriers	July 2013

<010> Study Area Code	330925
<015> Study Area Name	RAYLAND TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035> Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@raylandtel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))		<input type="checkbox"/>
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))		<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012> 2013 Frozen Support Certification		<input type="checkbox"/>
<2013> 2014 Frozen Support Certification		<input type="checkbox"/>
<2014> 2015 Frozen Support Certification		<input type="checkbox"/>
<2015> 2016 and future Frozen Support Certification		<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016> Certification Support Used to Build Broadband		<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017> 3rd year Broadband Service Certification		<input type="checkbox"/>
<2018> 5th year Broadband Service Certification		<input type="checkbox"/>
<2019> Interim Progress Certification		<input type="checkbox"/>
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
<2021> Interim Progress Community Anchor Institutions		<input type="checkbox"/>

Name of Attached Document Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	330923
<015> Study Area Name	BAYLAND TEL. CO
<020> Program Year	2013
<030> Contact Name - Person USAc should contact regarding this data	Jim Paulos
<035> Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext.
<035> Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@bntel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.201(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ (Yes/No) ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒

(3019) If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☒

(3022) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

☐

(3023) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

☐

(3024) Underlying information subjected to a review by an independent certified public accountant

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

330923N133002ay1and.pdf

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	330925
<015> Study Area Name	BAYLAND TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035> Contact Telephone Number - Number of person identified in data line <030>	9206177095 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsight.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: BAYLAND TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2014
Printed name of Authorized Officer: Mark Naze	
Title or position of Authorized Officer: CFO and Treasurer	
Telephone number of Authorized Officer: 9206177000 ext.	
Study Area Code of Reporting Carrier: 330925	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	330925
<015> Study Area Name	BAYLAND TEL CO
<020> Program Year	2013
<030> Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035> Contact Telephone Number - Number of person identified in data line <030>	9206177385 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@neqhs.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	330925
<015>	Study Area Name	BAYLAND TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jim Paulos
<035>	Contact Telephone Number - Number of person identified in data line <030>	9206177085 ext*
<039>	Contact Email Address - Email Address of person identified in data line <030>	jim.paulos@nsgt.com
<810>	Reporting Carrier	Bayland Telephone, LLC
<811>	Holding Company	Northeast Communications of Wisconsin, Inc*
<812>	Operating Company	

[illegible]

**FCC FORM 481 – LINE 112**

**FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN**

**BAYLAND TELEPHONE COMPANY**

**SAC 330925**

**ATTACHMENT REDACTED IN ITS ENTIRETY**

SAC: 330925  
State: Wisconsin

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Bayland Telephone, LLC\_ are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Wisconsin PSC orders and rules including:

**WI Chapter PSC 165  
STANDARDS FOR TELECOMMUNICATIONS SERVICE**

165.010 General.	165.066 Protection of utility facilities.
165.020 Definitions.	165.067 Interference with public service structures.
165.031 Retention of records.	165.070 Provision for testing.
165.032 Schedules to be filed with the commission.	165.071 Meter and recording equipment test facilities.
165.033 Exchange area boundaries.	165.072 Accuracy requirements.
165.034 Utility accidents and interruptions.	165.073 Initial test.
165.040 Meter reading records.	165.074 As-found tests.
165.041 Meter reading interval.	165.075 Routine tests.
165.042 Billing recording equipment.	165.076 Request tests.
165.043 Information available to customers.	165.077 Referee tests.
165.050 Customer billing.	165.078 Test records.
165.051 Deposits.	165.082 Traffic and operator rules.
165.052 Disconnection and refusal of service.	165.083 Answering time objectives.
165.0525 Deferred payment agreement.	165.084 Dial service objectives.
165.053 Customer complaints.	165.085 Interoffice trunks.
165.0535 Dispute procedures.	165.086 Transmission requirements.
165.054 Held applications.	165.087 Minimum transmission objectives.
165.055 Directories.	165.088 Public telephone service.
165.060 Construction.	165.089 Interruptions of service.
165.061 Maintenance of plant and equipment.	165.090 Protective measures.
165.062 Line fills.	165.091 Safety program.
165.063 Central office equipment.	
165.064 Interconnection service standards.	
165.065 Emergency operation.	

SAC: 330925  
State: Wisconsin

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Form 481 Line No: 610 Description of Functionality in Emergency Situations

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Bayland Telephone , LLC\_\_\_\_\_ pursuant to Wisconsin Public Service Commission rule "165.065  
Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
  - Back up battery service in each central office.
  - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

#### **LINE 1010 – VOICE SERVICES RATE COMPARABILITY**

The Wireline Competition Bureau's most recent reasonable comparability benchmark for voice services is \$46.96, which includes the federal subscriber line charge ("SLC").

In the exchange served by the Bayland Telephone Company, LLC the single-line residential local rate, including any mandatory extended area service charge, federal SLC (\$6.50) and other state fees are included, the rate is \$25.52. Therefore, the Company's pricing of fixed voice services is less than the reasonable comparability benchmark of \$46.96.

SAC: 330925

State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- Bayland Telephone offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

**PSC 160.03 Essential telecommunications services.**

- 1) Each local exchange service provider shall make available to all its customers at affordable prices all essential telecommunications services.
- 2) "Essential telecommunications services" means all the following:
  - (a) Single-party voice-grade service with:
    1. Line quality capable of facsimile transmission.
    2. Line quality capable of data transmission as specified in s.PSC 160.031.
    3. Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
    4. Access to emergency services numbers and 9-1-1 operability where requested by local authorities.
    5. Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
    6. Equal access to intralata interexchange carriers pursuant to schedules, terms and conditions imposed by commission orders and rules.
    7. Single party revertive calling, if 2 or more pieces of customer premises equipment can be simultaneously active on the line or channel being used by the customer.
    8. A reasonably adequate number of calls within a reasonably adequate local calling area as defined by the commission.
    9. Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
    10. Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users.
    11. Access to operator service.
    12. Access to directory assistance.
    13. Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
    14. Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
    15. A directory listing with the option for non-listed and non-published service.
  - (b) Annual distribution of a local telephone directory in accordance with s.PSC 165.955.
  - (c) Timely repair.

**PSC 160.04 Toll blocking.**

- (1) **BLOCKING OBLIGATIONS.** Every local exchange service provider in the state shall offer the capability to block all long distance calls and, separately, the capability to block 900 and 976 number calls and the capability to block extended community calling unless a timely waiver has been granted to the local exchange service provider by the commission.

SAC: 330925  
State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(2) CHARGES. Blocking shall be without monthly or nonrecurring charge to low-income customers and at no charge other than for second and subsequent service activation orders for other residential and standard business line customers.

(3) EMERGENCY SERVICE. Blocking shall not prevent the customer from reaching the emergency service numbers appropriate for the customer's location.

- Bayland Telephone Lifeline service offerings are listed in their Local Service Tariff Section 25, Sheet 1-3 (attached).
- The Local Service Tariff is on file with the Wisconsin Public Service Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Bayland Telephone does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

**PSC 160.02 Definitions.**

- 8) "Low-income" means a household that receives benefits from one or more of the following programs:
- (a) Wisconsin Works
  - (b) Medical Assistance
  - (c) Supplemental security income
  - (d) Food stamps
  - (e) The low income household energy assistance program
  - (f) The Wisconsin homestead tax credit
  - (g) Badger care
  - (h) As approved by the commission, other state or federally administered programs for households with income levels equal to or less than 200% of the poverty line.

**PSC 160.06 Eligibility for low-income programs.**

- (1) LOW-INCOME ASSISTANCE ELIGIBILITY. Local exchange service providers shall verify an applicant's eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following:
- (a) An active client of at least one of the programs listed in s. PSC 160.02(8).
  - (b) A member of the active client's household whose low income qualifies the client for benefits under at least one of the programs listed in s. PSC 160.02(8).
  - (c) A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If the applicant's tax filing for the most recently completed tax year has not been posted to the records of the Wisconsin department of revenue and if application for low-income assistance is made on or before June 30<sup>th</sup>, then the tax year prior to the most recently completed tax year may be used to determine eligibility.

SAC: 330925  
State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (2) **ELIGIBILITY RECONFIRMATION.** Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.
- (3) **ELIGIBILITY INQUIRY.** Local exchange service providers shall inquire of the customer regarding eligibility of that customer for low-income programs on each order for initial or moved residential service and, orally or in writing, in the first contact with a customer during a year concerning disconnection or payment arrangements.
- (4) **QUERY AUTHORIZATION.** Local exchange service providers shall comply with client authorization requirements of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies for database queries necessary for eligibility verification. Customers shall complete and remit any reasonably required query authorization forms or forfeit eligibility.
- (5) **EXCEPTIONS.** Lifeline and Link-Up programs are not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years of age.

**PSC 160.062 Lifeline program.**

- (1) All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.
- (2)
  - (a) The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1 charges billed on the telephone bill, the federal subscriber line charge and 120 local calls, excluding extended community calling calls.
  - (b) The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. (a) minus \$7 or, if the total of the monthly residential rates for the items in par. (a) is greater than \$22, the lifeline monthly rate shall be \$15.
  - (c) Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than \$3 or more than \$15.
- (3) The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to appear on an eligible customer's bill on the next bill date following the date of application for lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear back credit will be given. In cases where a customer's eligibility date as found in the records of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies precedes the last bill date prior to application, credit shall also be given for one month's prior bill.
- (4)
  - (a) Eligibility for lifeline assistance continues until the next bill date following a failure to meet eligibility requirements.
  - (b) When the low income household energy assistance program is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance shall continue until the bill date in the next December following the close of the heating season. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

SAC: 330925  
State: Wisconsin

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (c) When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.
- (5) Local exchange service providers may receive reimbursement from the universal service fund for 100% of that portion of the standard authorized rate for service which is in excess of the amount of the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds.
- (6) Customers eligible for lifeline or link-up America assistance may not be charged a deposit for service if they voluntarily accept toll blocking, may not be requested to pay in advance for more than one month's local service bill, and may not be disconnected from local service for nonpayment of toll charges billed by the local exchange service provider. Customers that otherwise would be subject to disconnection may be counseled to accept toll blocking.
- (7) A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. PSC 160.08 may impose toll blocking or restriction on lifeline customers.

**PSC 160.063 Outreach for low-income assistance programs.**

- (1) Funding shall be available to fund collaborative partnerships between community-based organizations and telecommunications providers to increase participation of the eligible populations in the universal service fund low-income support programs.
- (2) Funding from the universal service fund for these collaborative efforts shall not exceed \$250,000 in one year.
- (3) The commission shall annually review and grant funding based on complete responses to a request for proposals. Funding shall be limited to not more than 6 projects with at least one project focused statewide and one project focused on the Milwaukee area, if feasible.
- (4) The commission shall contract for an evaluation of the effectiveness of this program in promoting enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed \$25,000. This \$25,000 shall be included as part of the \$250,000 maximum total funding available under this section during the year in which the evaluation occurs.

**PSC 160.08 Telecommunications customer assistance program.**

The commission may authorize individual telecommunications providers to establish telecommunications customer assistance programs that meet authorized goals and objectives for increasing or stabilizing subscription levels for non-optional, essential telephone service within its service territory or to address avoidance of disconnection or limitation of service to low-income households with payment problems. Such programs may allow a provider to not make available certain essential services, as defined in s. PSC 160.03(2), in order to preserve at least minimal telephone service to certain low-income households with payment problems. The commission shall determine on a case-by-case basis whether or not a telecommunications customer assistance program may receive universal service fund monies.

**PUBLIC SERVICE COMMISSION  
TELEPHONE RATE FILE**

<u>Bayland Telephone, Inc</u> Name of Utility	Exchange <u>Abrams</u> Section No. <u>25</u> Sheet No. <u>1</u> Amendment No. _____
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**LIFELINE PROGRAM**

**A. Description**

Lifeline is a program designed to provide telephone service at a monthly discounted rate to low income customers, as defined in s. PSC 160.02(8), Wis. Adm. Code. Lifeline rates are established according to s. PSC 160.062(1), (2) and (3), Wis. Adm. Code and are available to all qualified low-income customers.

**B. Regulations**

The Lifeline Program is available only to qualifying low-income residential customers with a single telephone line per household. (C)  
(C)

Customers may not be disconnected from Lifeline service for non-payment of toll charges. (N)

If toll blocking is available and the customer has voluntarily elected toll blocking, a service deposit may not be collected to initiate Lifeline service. (N)

Participation in the specified programs must be verified by the telephone company through the Wisconsin Department of Workforce Development (DWD), or the Wisconsin Department of Revenue. (T)  
(T)

Customers shall complete and remit any query authorization forms or Forfeit eligibility. Verification of eligibility will be deemed to be the Finding of the Social Security Number (SSN) and name of the listed customer In the active records of DWD for at least one of the specified income Assistance programs, or to be a recipient of the Wisconsin homestead tax credit in the past year. (T)

Issued \_\_\_\_\_ Applicable to bills rendered on and after May 1, 2000

PSCW Authorization by Order No. \_\_\_\_\_ Letter \_\_\_\_\_

**PUBLIC SERVICE COMMISSION  
TELEPHONE RATE FILE**

<u>Bayland Telephone, Inc.</u> Name of Utility	Exchange <u>Abrams</u> Section No. <u>25</u> Sheet No. <u>2</u> Amendment No. _____
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**LIFELINE PROGRAM (CONTINUED)**

**B. Regulations (Cont'd)**

Credits will appear on an eligible customer's bill on the bill date next following the date of application for the Lifeline Program. In cases where a customer's eligibility date as found in DWD records or the records of the Wisconsin Department of Revenue precedes the last bill date prior to application, credit will also be given on one month's prior bill.

(M)  
|  
(T)  
|  
(M)

Except in cases where a customer's qualifying income assistance programs includes LIEAP or the Wisconsin homestead tax credit, eligibility for the Lifeline Program will continue until the bill date next following a failure to find the customer's SSN in the DWD records.

(T)

When LIEAP is one of the customer's qualifying income assistance programs, the Lifeline assistance will continue until the bill date in December next following the close of the heating season. At that time, lack of eligibility will be re-verified by the Company before removing the Lifeline assistance from the customer's bill.

When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for Lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility will be re-verified by the Company before removing the Lifeline assistance from the customer's bill.

The Lifeline Program is not available to customers who are dependents for federal income tax purposes as defined in 26 U.S.C. Section 152 (1986) unless the customer is more than 60 years of age.

Issued \_\_\_\_\_ Applicable to bills rendered on and after May 1, 2000

PSCW Authorization by Order No. \_\_\_\_\_ Letter \_\_\_\_\_

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN  
TELEPHONE RATE FILE

Exchange	: Abrams
Section Number	: 25
Sheet Number	: 3
Amendment Number	: 607

Utility Name	Bayland Telephone, LLC
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LIFELINE PROGRAM (CONTINUED)

C. Rates

Monthly

Lifeline Credit

\$10.00

(R)

(R)

Applicable to Service Rendered on and after: April 1, 2012	Date Issued
PSCW Authorization by Order No.:	Letter Date



**Application for Lifeline Service Assistance Program**

**SECTION 1 - APPLICANT (Please Print)**

Name: \_\_\_\_\_  
(Qualified Individual-Last Name) (First Name) (Middle Initial)

Billing Address: \_\_\_\_\_  
(May contain a P.O. Box) (City) (State) (Zip)

Residence Address: \_\_\_\_\_  
(Street address is required for Lifeline verification) (Apt. # or Unit #)

Address: \_\_\_\_\_  
(City) (State) (Zip) (County)

Place of Employment: \_\_\_\_\_  
(Name) (Length of Employment)

Employer's Address: \_\_\_\_\_  
(Street) (City)

Social Security # or Tribal I.D.: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone number (if existing service) or for messages: (\_\_\_\_) \_\_\_\_\_

☐ Select if your address is temporary.

☐ My residence address is located on federally-recognized Tribal lands.  
☐ Yes  
☐ No

**SECTION 2 - ELIGIBILITY FOR LIFELINE ASSISTANCE (CHECK ALL THAT APPLY)**

- 1.) I am applying for: ☐ Lifeline Credit Program
- 2.) I am currently eligible to receive benefits from one or more of the following public assistance program(s):
- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Badger Care   | <input type="checkbox"/> Supplemental Security Income (SSI)                                    | <input type="checkbox"/> Medicaid* |
| <input type="checkbox"/> Food Stamps   | <input type="checkbox"/> Supplemental Nutrition*   |                                    |
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP)    | <input type="checkbox"/> Wisconsin Homestead Tax Credit*                                       |                                    |
| <input type="checkbox"/> Medical Assistance (MA)                               | <input type="checkbox"/> Wisconsin Works*  |                                    |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance*          | <input type="checkbox"/> Temporary Assistance for Needy Families*                              |                                    |
| <input type="checkbox"/> Head Start (must satisfy income qualifying standard)* | <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF)* |                                    |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Program*   | <input type="checkbox"/> Federal Public Housing Assistance (Section 8)*                        |                                    |

OR

- ☐ My total household income is at or below 135% of the Federal Poverty Guidelines.\*  
 \_\_\_\_\_ Number of people in household

135% OF THE FEDERAL POVERTY GUIDELINES - 2012	
Persons in Family or Household	48 Contiguous States and D.C.
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
5	\$36,464
6	\$41,810
7	\$47,156
8	\$52,502
For Each Additional Person Add	\$5,346

<p><b>INTERNAL USE ONLY</b></p> <p>Eligible: YES or NO</p> <p>Date Confirmed: _____</p> <p>Date Assigned: _____</p> <p>Personnel: _____</p>
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\_\_\_\_\_ (Must initial)

\*Requires documentation proof of participation in program at time of application.

### SECTION 3 - APPLICANT CERTIFICATION AND AGREEMENT

I ALSO HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT:

- ☐ I acknowledge that Lifeline is a federal government benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- ☐ I acknowledge that only one Lifeline service is available per household, and that, to the best of my knowledge, no other person in my household is receiving a Lifeline service. (For purposes of Lifeline, a "household" is any individual or group of individuals who live together at the same address and share income and expenses.)
- ☐ I acknowledge that a household is not permitted to receive Lifeline benefits from multiple providers and that violation of this limitation constitutes a violation of the rules of the Federal Communications Commission and will result in de-enrollment from the Lifeline program. If I am participating in another Lifeline program at the time I apply for Nsight Telservices Lifeline service.
- ☐ I agree to cancel that Lifeline service with any other provider.
- ☐ I acknowledge that Lifeline is non-transferable and that I may not transfer my benefit to any other person.
- ☐ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- ☐ I will notify Nsight Telservices within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline services, such as no longer participating in any of the qualifying programs, or if I or a member of my household receives another Lifeline benefit.
- ☐ I acknowledge that I may be required to re-certify to my continued eligibility for Lifeline at any time, and that my failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.
- ☐ If I move to a new address, I will provide the new address to Nsight Telservices within 30 days.
- ☐ If I provided a temporary address, I will be required to verify my temporary address every 90 days. If I do not provide verification within 30 days, I will be de-enrolled from the Lifeline program.
- ☐ I acknowledge I meet the income-based or program-based eligibility criteria for receiving Lifeline.
- ☐ I acknowledge that I qualify for Lifeline as an eligible resident of Tribal lands, living on Tribal lands.
- ☐ I acknowledge the information contained in this application is true and correct to the best of my knowledge

\_\_\_\_\_ (Must initial)

I ACKNOWLEDGE THAT IN ORDER TO CONTINUE RECEIVING A REDUCED CALLING PLAN ON THE LIFELINE PROGRAM, I AM RESPONSIBLE FOR PAYING ALL MONTHLY ACCESS CHARGES AND FEES INCURRED DURING EACH BILLING PERIOD.

I UNDERSTAND COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE ACCEPTANCE INTO THIS PROGRAM. I AUTHORIZE NSIGHT TELSERVICES OR ITS DULY APPOINTED REPRESENTATIVE TO ACCESS ANY RECORDS NECESSARY TO VERIFY THESE STATEMENTS TO CONFIRM MY CONTINUED PARTICIPATION IN THE ABOVE PROGRAMS. I AUTHORIZE REPRESENTATIVES OF THE ABOVE PROGRAMS, IF REQUESTED, TO DISCUSS WITH AND/OR PROVIDE COPIES TO NSIGHT TELSERVICES TO VERIFY MY PARTICIPATION IN THE ABOVE PROGRAMS AND ELIGIBILITY FOR LIFELINE OR LINK-UP SERVICE. I FURTHER AGREE UPON REQUEST FROM NSIGHT TELSERVICES TO PROVIDE DOCUMENTATION OF ELIGIBILITY.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE LIFELINE ASSISTANCE PROGRAMS.

Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return application to:

**Nsight Telservices Lifeline Program**  
**2711 E. Frontage Rd.**  
**Abrams, WI 54101**

or take your completed application to our Abrams or Pulaski office location nearest you.

**FCC FORM 481 – LINE 3026**

**BAYLAND TELEPHONE COMPANY**

**SAC 330925**

**ATTACHMENT REDACTED IN ITS ENTIRETY**